

FIGURE 3-A-1 (revised 02/02)

<b>MODIFIED PHYSICAL EXAMINATION FOR:</b>			
<b>SUBSTITUTION/OVERSEAS ASSIGNMENT/SEA DUTY/PSU HEALTH SCREENING</b>			
This form is subject to the Privacy Act Statement of 1974.			
<b>A. EVALUEE DATA</b>			
LAST NAME - FIRST NAME - MIDDLE INITIAL		RATE/RANK	SOCIAL SECURITY NUMBER
UNIT		EXAMINING FACILITY	
PURPOSE OF EXAMINATION	TRANSFER/DEPLOYMENT LOCATION	DATE	
<b>B. HEALTH HISTORY</b> (completed by examinee)			
1. Would you say your health in general is:		<input type="checkbox"/> Excellent	<input type="checkbox"/> Good
		<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
2. Do you have any medical or dental problems or concerns?		<input type="checkbox"/> No	<input type="checkbox"/> Yes
3. Do you have any health related duty limitations?		<input type="checkbox"/> No	<input type="checkbox"/> Yes
4. Could you be pregnant? (females request HCG if needed)		<input type="checkbox"/> N/A	<input type="checkbox"/> Unknown
		<input type="checkbox"/> No	<input type="checkbox"/> Yes
5. Are you taking prescription medications? (request refills if needed)		<input type="checkbox"/> No	<input type="checkbox"/> Yes
6. During the past year, have you sought or required counseling or mental health care?		<input type="checkbox"/> No	<input type="checkbox"/> Yes
7. Explain any "fair, poor, yes, or unknown" responses: _____			
8. Have you been hospitalized since your last physical? Yes / No. If (Yes) explain. _____			
I certify that responses above are true: (signature of examinee) _____			
<b>C. PHYSICAL EXAMINATION REVIEW</b> (current approved physical examination required)			
9. Date and type of current approved physical examination: _____			
10. Status of recommendations or further specialist examination: _____			
11. Summary of significant health history since last physical examination: _____			
<b>D. HEALTH RECORD REVIEW</b>			
12. Have routine gynecologic (pap) examinations been completed in past year? (females)		<input type="checkbox"/> N/A	<input type="checkbox"/> No
		<input type="checkbox"/> No	<input type="checkbox"/> Yes
13. Does examinee have two pair of glasses? (if required to correct refractive error)		<input type="checkbox"/> N/A	<input type="checkbox"/> No
		<input type="checkbox"/> No	<input type="checkbox"/> Yes
14. Does PSU examinee have a gas mask insert? (if required to correct refractive error)		<input type="checkbox"/> N/A	<input type="checkbox"/> No
		<input type="checkbox"/> No	<input type="checkbox"/> Yes
15. Has DNA sampling been completed and documented? (once per career)		<input type="checkbox"/> No	<input type="checkbox"/> Yes
16. Has G-6-PD screening been completed and documented? (once per career)		<input type="checkbox"/> No	<input type="checkbox"/> Yes
17. Are immunizations up-to-date and meet requirements for destination?		<input type="checkbox"/> No	<input type="checkbox"/> Yes
18. Has an HIV AB test been drawn in the past 6 months? (foreign country PCS only)		<input type="checkbox"/> N/A	<input type="checkbox"/> No
		<input type="checkbox"/> No	<input type="checkbox"/> Yes
19. Are malaria chemoprophylaxis, PPD, and special health concern requirements met?		<input type="checkbox"/> No	<input type="checkbox"/> Yes
Contact the Center for Disease Control and Prevention at <a href="http://www.cdc.gov">http://www.cdc.gov</a> for information.			
20. Has a Type 2 dental examination been completed in the past year and is examinee "Class 1 or 2"?		<input type="checkbox"/> No	<input type="checkbox"/> Yes
21. Explain any "no" answers: _____			
<b>E. SIGNATURE AND APPROVAL/DISAPPROVAL</b>			
Medical Officer signature/stamp: _____		Date: _____	
Dental Officer signature/stamp: _____		Date: _____	
Reviewing/approving authority: _____		<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	